



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

28120 7590 06/30/2005

FISH & NEAVE IP GROUP
 ROPES & GRAY LLP
 ONE INTERNATIONAL PLACE
 BOSTON, MA 02110-2624

09/23/2005 HDEMESS2 00000034 181945 10088807

01 FC:2501 700.00 DA
 02 FC:8001 30.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/088,807	07/29/2002	James Duncan Morrison	CKFW-P01-008	2452

TITLE OF INVENTION: PEPTIDE TRANSPORT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	09/30/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	
AUDET, MAURY A		1654		530-303000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

FISH & NEAVE IP GROUP
 ROPES & GRAY LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

 Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies 10

4b. Payment of Fee(s):

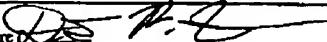
 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-1945 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature 

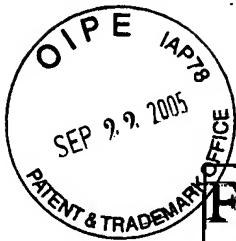
Date September 22, 2005

Typed or printed name David P. Halstead, Ph.D.

Registration No. 44,735

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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FAX TRANSMISSION

DATE: September 22, 2005

PTO IDENTIFIER: Application Number 10/088807
Patent Number

Inventor: Morrison et al.

MESSAGE TO: Office of Patent Publication

FAX NUMBER: (703) 746-4000

FROM: FISH & NEAVE IP GROUP
ROPES & GRAY LLP
David P. Halstead, Ph.D.

PHONE: (617) 951-7615

Attorney Dkt. #: CKFW-P01-008

PAGES (Including Cover Sheet): 3

CONTENTS: Fee Transmittal (Issue Fee) (1 page)
Part B- Fee(s) Transmittal (1 page)
This Facsimile Cover Sheet (1 page)
Charge \$730.00 to deposit account 18-1945

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PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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Effective on 12/08/2004. See pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEES TRANSMITTAL For FY 2005		Application Number	10/088807
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	July 29, 2002
TOTAL AMOUNT OF PAYMENT (\$ 730.00)		First Named Inventor	James Duncan Morrison
		Examiner Name	M. A. Audet
		Art Unit	1654
		Attorney Docket No.	CKFW-P01-008

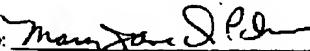
METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEES CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>	
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0
2. EXCESS CLAIM FEES						
<u>Fee Description</u>						
Each claim over 20 (including Reissues) <u>Fee (\$)</u> 50 <u>Fee (\$)</u> 25						
Each independent claim over 3 (including Reissues) <u>Fee (\$)</u> 200 <u>Fee (\$)</u> 100						
Multiple dependent claims <u>Fee (\$)</u> 360 <u>Fee (\$)</u> 180						
<u>Total Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
- 20 =		x	=	=	<u>Fee (\$)</u>	
<u>Indep. Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	
- 3 =		x	=	=	=	
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
<u>Total Sheets</u>		<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
- 100 =		/50	(round up to a whole number) x	=	=	
4. OTHER FEE(S)						
Non-English Specification, \$130 fee (no small entity discount) <u>Fee (\$)</u> 700.00						
Other (e.g., late filing surcharge): 2501 Utility Issue fee <u>Fee (\$)</u> 30.00 8001 Printed copy of patent w/o color <u>Fee (\$)</u> 30.00						

SUBMITTED BY					
Signature		Registration No. (Attorney/Agent)		44,735	Telephone (617) 951-7615
Name (Print/Type)		Date September 22, 2005			

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 746-4000, on the date shown below.

Dated: September 22, 2005

Signature:  (Mary Jane DiPalma)